



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/521,769	<b>FILING DATE</b> 03/09/2000 <b>RULE</b> -	<b>CLASS</b> 300	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 99-40165-US
<b>APPLICANTS</b> Peter C Johnson, Wexford, PA ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/22/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Acknowledged Allowance <i>mm</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 42
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b>				
Peter C Johnson 10017 Valley View Court Wexford ,PA 15097				
<b>TITLE</b>				
Method and information system for non-random selection of uniform structural and functional features for tissue and plant product processing				
<b>FILING FEE RECEIVED</b> 1093	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 3731

<b>SERIAL NUMBER</b> 09/521,769	<b>FILING DATE</b> 03/09/2000 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 99-40165-US
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**APPLICANTS**  
Peter C Johnson, Wexford, PA;

**\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 05/22/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>AM</u> Initials				

**ADDRESS**  
LOUIS M. HEIDELBERGER, ESQUIRE  
2500 ONE LIBERTY PLACE  
1650 MARKET STREET  
PHILADELPHIA, PA 19103

**TITLE**  
Method and information system for non-random selection of uniform structural and functional features for tissue and plant product processing

<b>FILING FEE RECEIVED</b> 738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit